

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020322

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2975

STATE FILE NUMBER

VS 300  
Rev. 4/59

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2 8150

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>PRAIRIE VILLAGE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BAPTIST MEMORIAL HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7632 NORWOOD</b>
3. NAME OF DECEASED (Type or print) First <b>DARREL</b> Middle <b>T.</b> Last <b>SPALDING</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-5-1920</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>service manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>A.B. May Co.</b>	11. BIRTHPLACE (City and state or country) <b>Stewartsville, Mo.</b>
13a. FATHER'S NAME <b>William Spalding</b>		13b. MOTHER'S MAIDEN NAME <b>Alva Knorr</b>	14. NAME OF HUSBAND OR WIFE <b>Lorinne Spalding</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>Yes WW2</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Mrs. Lorinne Spalding</b> Address <b>7632 Norwood</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE PULMONARY EDEMA</b> DUE TO (b) <b>MYOCARDIAL INFARCTION</b> DUE TO (c) <b>HYPERTENSIVE HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>NONE KNOWN</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR</b> <b>1 HOUR</b> <b>NOT KNOWN</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo.</b>		COUNTY <b>JOHNSON</b> STATE <b>KANSAS</b>	
21. I attended the deceased from <b>8:45 pm., 5/23/63</b> to <b>9:30 pm., 5/23/63</b> and last saw him alive on <b>5/23/63</b> Death occurred at <b>9:30 pm.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Mary C. Cortner</b> (Degree or title) <b>MD.</b>		22b. ADDRESS <b>701 East 63rd St. K.C. Mo.</b>	
22c. DATE SIGNED <b>5/24/63</b>			
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>5-27-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Joseph, Mo.</b>	
24. FUNERAL DIRECTOR <b>Muehlebach</b>		25. DATE RECD. BY LOCAL REG. <b>5-24-63</b>	
ADDRESS <b>6800 Troost</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

Mary C. Cortner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert L. Landes*

Licensed Embalmer No.

5103

P. O. Address

K.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: